Nevada State Board of Pharmacy Request for Approval of Temporary Pharmacist's License Fax: (775) 850-1444

A temporary license can not be applied for usless you have submitted the Nevada application for reciprocation. Only pharmacists reciprocating to Nevada are eligible for a temporary license. You can submit the form with your application or fax to the number above. A temporary license is only valid for 6 months and can not be extended.

A Nevada address is requi	red.	
Name:		
Nevada Address:		
City:		/ Zip:
Telephone:		
Reason for Temporary Lic	ense:	
· · · · · · · · · · · · · · · · · · ·	vada Employment Information harmacy in Nevada, do not us	<u>- Required</u> e the district office's address
Pharmacy Name:		
Address:		
City:		<u>/</u> Zip:
Date NABP application sub	omitted:	<u> </u>
ability. Incorrect information in the license and issuance of pe	above information is true and ation may negate the approval rmanent registration with the te the permanent licensure wi	or continuance of a temporary Nevada State Board of
		Date
For Board Use Only		
State Verification:	/	/
Date	Good Standing	Expires
Employment Verification:	/	
	Date Name of Pe	erson Verifying Employment
Date Temporary Issued:		License #: